3625
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Patent Application
Attorney Docket No.: 47004.000040

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
Kevin BOYLE, et al.)
Serial No.: 09/325,536)
Filed: June 4, 1999)

Group Art Unit: 3625

Examiner: Forest Thompson, Jr.

For: CREDIT INSTRUMENT AND SYSTEM WITH AUTOMATED PAYMENT OF
CLUB, MERCHANT, AND SERVICE PROVIDER FEES

TRANSMITTAL LETTER

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

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Sir:

The following are enclosed for consideration in the above-identified application:

	FEE
<input type="checkbox"/> Response to Notice to File Missing Parts	\$
<input checked="" type="checkbox"/> Response to Final Office Action of June 25, 2003	\$
<input type="checkbox"/> Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/> Submission of Formal Drawings	\$
<input type="checkbox"/> Informal Drawings: _____ Sheets _____ Figures	\$
<input type="checkbox"/> Information Disclosure Statement, Form PTO-1449, copy of French and International Search Reports, and 6 references <input type="checkbox"/>	\$
<input checked="" type="checkbox"/> Amendment: <input type="checkbox"/> Preliminary; <input checked="" type="checkbox"/> § 111; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other	\$
<input checked="" type="checkbox"/> Request for One-Month Extension of Time	\$110.00
<input type="checkbox"/> Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Appeal Brief	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Reply Brief	\$
<input type="checkbox"/> Terminal Disclaimer	\$
<input checked="" type="checkbox"/> An additional claim fee is required, and is calculated as shown below	\$ 36.00
TOTAL FEES BEING SUBMITTED	\$146.00



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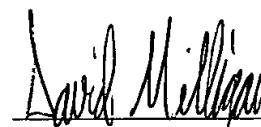
	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims	27	25	2	x \$18.00	\$ 36.00
Independent Claims	5	5	0	x \$86.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
TOTAL EXCESS CLAIMS FEE				\$36.00	
SMALL ENTITY TOTAL (if applicable)					\$.00

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

Respectfully submitted,

Dated: October 22, 2003

By:



David H. Milligan
Registration No. 42,893

HUNTON & WILLIAMS LLP
Intellectual Property Department
1900 K Street, N.W.
Suite 1200
Washington, DC 20006-1109
(202) 955-1500 (telephone)
(202) 778-2201 (facsimile)

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